

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/117246 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3		2		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
11		1		
12		1		
13		1		
14		1		
15		1		
16		1		
17		1		
18		1		
19		1		
20		1		
21		1		
22		1		
23	1			
24		1		
25		1		
26	1			
27		1		
28		1		
29		1		
30		1		
31		1		
32		1		
33		1		
34		1		
35		1		
36		1		
37		1		
38		1		
39		1		
40		1		
41		1		
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	3			
TOTAL DEP.	39	↓	↓	↓
TOTAL CLAIMS	42	[REDACTED]	[REDACTED]	[REDACTED]

TOTAL IND.		↓		
TOTAL DEP.		↓		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]